PAGE 1/9

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pete Sessions for Congress PO Box 823047 ADDRESS (number and street) (Check if address is changed) **Dallas** 75382-3047 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS steve@petesessions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.petesessions.com (Check if address is changed) DATE 2017 C00303305 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hargrove, Steve, , Mr., Type or Print Name of Treasurer Hargrove, Steve, , Mr., [Electronically Filed] 01 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C		
	Committee:	
(a) <b>x</b>	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name of Candidate	Sessions, Pete, , Mr.,	<u> </u>
Candidate	Office on REP Sought: <b>X</b> House Senate President	State
Party Affiliation	on Senate President	District 32
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nmittee:	
(d)		Democratic, epublican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
Com	Care America	
1.	FEC ID number C C006	63302
2.	FEC ID number C	
3.	FEC ID number	
4.		

l	FFC Form 4 /David	and 02/2000)	Do 2
\/\/rite	or Type Committee N		Page 3
		s for Congress	
			andership DAC Spensor
	-	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Pete	e Sessions Vict	ory Committee	
Ma	ailing Address	320 1st Street SE	
	-	Floor 2	
		Washington DC 20	003-1838
		CITY STATE	ZIP CODE
Re	lationship: Conn	ected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
	estodian of Records: oks and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Eul	Hargr	ove, Steve, , Mr.,	1
		7616 LBJ Freeway	
IVIa	niling Address	Suite 727	
		Dallas , TX , 75	5251-1109
Titl	le or Position	CITY STATE	ZIP CODE
C	Custodian of Records	Telephone number 214	-   828   -   4466
		e and address (phone number optional) of the treasurer of the committee; and to.g., assistant treasurer).	the name and address of
		ove, Steve, , Mr.,	1
	Treasurer	7616 LBJ Freeway	
Ma	iling Address	Suite 727	
		D. #	254 4400 : :
			251-1109   -
	e or Position reasurer	CITY STATE  214  Telephone number	ZIP CODE
			1

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		
	Telephone number	
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds.  Depository, etc.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, D	Depository, etc.  Inwood National Bank  7621 Inwood Rd  Dallas  TX  75209	IP CODE
safety deposit bo Name of Bank, D	Depository, etc.  Inwood National Bank  7621 Inwood Rd  Dallas  TX  TX  TS209	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  Inwood National Bank  7621 Inwood Rd  Dallas  CITY  STATE  Z  Depository, etc.  Inwood National Bank-Certificate of Deposit	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Inwood National Bank  7621 Inwood Rd  Dallas  CITY  STATE  Z  Depository, etc.  Inwood National Bank-Certificate of Deposit	IIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3. 4. 4. Alame of Any Connected		FEC ID number	
4			С
ame of Any Connected		FEC ID number	
-			С
	Organization, Affiliated Committee, Joint FriCa	undraising Representat	ive, or Leadership PAC Spons
Mailing Address	3595 RR 620		
	SUITE 200		
	Dallas	TX L	78738-
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
1	y by name, address (phone number – optiona	1)	
Full Name		<b>.</b>	
Full Name		<b>.</b>	
		i)	
	CITY A	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

(h). <b>Joint Fundraisir</b>	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address			
Datata anti-	CITY A	STATE ▲	ZIP CODE ▲
Relationship:		Fundraising Representa	ative Leadership PAC Spo
Connected		Fundraising Representa	Leadership PAC Spo
Connected	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connecter  Designated Agent: Identify	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY	STATE A	
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   Teles: List all banks or other depositories in which to	STATE A	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositors afety deposit boxes or mail	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   Teles: List all banks or other depositories in which to	STATE A	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which taintains funds.	STATE A  dephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  Sarks of Bank, Depository, etc.	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE A s funds, holds accounts, rents
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  Fafety deposit boxes or mailing the safety deposit boxes or ma	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   Tel  ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE A s funds, holds accounts, rents
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor  Sarks of Bank, Depository, etc.	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   Tel  ries: List all banks or other depositories in which taintains funds.	STATE A lephone Number	ZIP CODE A s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraising</b>	, · u		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connected	Organization Affiliated Committee	loint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – optional		tative Leadership PAC S
esignated Agent: Identify  Full Name			tative Leadership PAC S
esignated Agent: Identify			tative Leadership PAC S
esignated Agent: Identify  Full Name			tative Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional		
esignated Agent: Identify  Full Name	by name, address (phone number – optional		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional  CITY   CITY   ies: List all banks or other depositories in whotains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, Veritex epository, etc.	by name, address (phone number – optional  CITY   CITY   ies: List all banks or other depositories in whotains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional  CITY   CITY   ies: List all banks or other depositories in whotains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional  CITY   CITY   ies: List all banks or other depositories in whotains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>				
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4			FEC ID number	C
ame of Any Connected	Organization, Affiliate	ed Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE A	ZIP CODE ▲
			oint Fundraising Represer	ntative Leadership PAC Sp
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esignated Agent: Identify				Leadership PAC Sp
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esignated Agent: Identify  Full Name    Mailing Address	by name, address (pl	hone number — optional)		
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Full Name	ries: List all banks or sintains funds.	hone number – optional)  CITY   other depositories in whi	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or	(h). <b>Joint Fundraisi</b> n	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint F	- undraising Representa	Leadership PAC Sponsor
-				
8. <b>I</b>	Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
- 8. <b>I</b>	Full Name	by name, address (phone number – optional)		
- 8. I	Full Name			
8. <b>I</b>	Full Name	CITY A	STATE A	ZIP CODE A
8. I	Full Name	CITY A	STATE A	
9. I	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main	CITY A  Tele  ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A